the departure of expatriates. Clearly, a major purpose of visiting medical professionals is to teach medical fundamentals in the hope of improving long-lasting care more independent of outside support.

On the other hand, there are "barefoot doctors,"—witch doctors—who do more harm than good, at least from the perspective of most visiting Western physicians. Their herbal medicines, frequent manipulations of fresh long-bone fractures, or incantations provide few obvious benefits.

Visiting professionals, as part of their public health messages, should underscore tactfully, when appropriate, the dangers of some of the practices by witch doctors. Through the successes of Western medicine, nationals learn that there is a difference between the barefoot witch doctor and the national who is trained in Western medicine. Such successes may displace the services of witch doctors, but this differentiation is necessary if medical care is to improve in much of Africa.

I concur with Dr Bishai that a valid focus for physicians serving in developing countries is public health and that training in this area is particularly appropriate. I very much appreciate Dr Bishai's positive and useful comments.

FRED WURLITZER, MD
PO Box 2069
Burlingame, CA 94011

The Menace of Alcohol

To THE EDITOR: I would like to make a comment concerning "An Agenda for Public Health in the 1990s," by Kenneth W. Kizer, MD, MPH (then Director of California Department of Health Services) in the April 1991 issue.[1]

I can argue with very little of what he has to say—it is a well done editorial. To discuss drug addiction, cocaine, heroin, methamphetamines, and tobacco without mentioning alcohol, however, is a paradox. Alcohol introduces many people to all the other drugs and is responsible for about two thirds of all the traffic deaths in America.

If there were an epidemic killing 25,000 people and maiming 100,000 more every year as a result of some medical negligence, society would be up in arms. Yet we allow this to happen year after year after year as a result of drinking alcohol before driving.

I commend Dr Kizer on an excellent article, but I think alcohol needs to be put in perspective.

EBEN ALEXANDER, Jr, MD
Professor Emeritus
Department of Neurosurgery
Bowman Gray School of Medicine
300 S Hawthorne Rd
Winston-Salem, NC 27157-1002

REFERENCE

1. Kizer KW: An agenda for public health in the 1990s (Editorial). West J Med 1991; 154:471-472

* * *

Dr Kizer Responds

To THE EDITOR: I appreciate Dr Alexander's comments. His concern about alcohol-related morbidity and mortality is well appreciated, and in the actual commencement address from which the editorial was abstracted I did, in fact, note the effect of alcohol use on public health. During the editorial process, however, the piece was substantially shortened, and the relevant section was deleted from the text.

In 1989, alcohol-related mortality accounted for 6.2% of all deaths for California residents (13,267 deaths), or 45.7 deaths per 100,000 population (J. W. Sutocky, J. M. Shultz, K. W. Kizer, "Alcohol-Related Mortality in California, 1980-1989," unpublished data, May 1991). If listed in the traditional ten leading causes of death, alcohol-related mortality would have ranked as the fourth leading cause of death in California. The largest proportion of alcohol-related deaths were caused by motor vehicle accidents, homicide, and alcoholic cirrhosis of the liver.

Thus, while the untoward effects of alcohol use and misuse were not mentioned in the short editorial, the absence of mention did not indicate my lack of appreciation for the substantial problem of alcohol-related morbidity and mortality.

KENNETH W. KIZER, MD, MPH
Professor and Chairman
Department of Community Health
University of California, Davis,
School of Medicine
Davis, CA 95616

Perspectives on 'Impairment'

LETTER TO DR MADORSKY*: Speaking as a physician with an acquired quadriparesis at the age of 41, the minute you expressed your distaste for the term "impaired physicians" to be singularly associated with substance abuse and mental conditions, I was convinced that you and Mr Corbet would have an excellent article for the special issue of THE WESTERN JOURNAL OF MEDICINE.[1] Frankly, yours is the first article I have ever read that actually takes the time to distinctly define terms such as impairment, disability, and handicapped.

Although you interviewed 18 physicians for your article, I feel compelled to make myself number 19 and provide you with a few of my experiences. With regard to your specific points, let me add the following comments:

Discrimination

It continually astounds me how often people presume that someone in a wheelchair is retarded or incapable of speaking for himself or herself. The frequency with which persons will speak to my wife rather than me is always surprising. Some waiters do not think that I can order from a menu, and a waiter is certain to lose a tip when he or she presents the bill to my wife following a meal. Apparently, some people do not believe I can also handle money.

The discrimination from within the medical profession also astounded and surprised me when I first became ill. Even amongst the medical staff at my own hospital, some physicians see an impairment as an inability to practice medicine. I wonder how they handle their own patients if they feel so strongly that a physical disability prevents a person from leading a normal existence. While it is true most associates have been supportive, many seem to feel that physical impairment substantially prevents the serious practice of the profession.

Compensation

The fiscal cost of a disability is one that nobody seems to recognize, particularly the Internal Revenue Service. Most of my excessive costs are simply not deductible but are clearly expenses that the normal person would never even have to consider. On the other hand, you are absolutely right in saying that my malpractice insurance has never been questioned, and this is a rather interesting paradox. In my consultation practice, I recognize my relative slowness and charge less per hour than I would if not impaired.

*Julie G. Madorsky, MD, was the Special Editor for our May 1991 special issue.